

13CV6742

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RUEBEN RIVERS

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

CITY OF NEW YORK
WARDEN STEPHEN WETTENSTEIN
CORRECTIONS OFFICER MURDOCH
WHO WORKED THE 3PM -11PM IN
MEDICAL OFFICE

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name RUEBEN RIVERS
ID # 141-12-10101
Current Institution BROOKLYN DETENTION COMPLEX
Address 275 ATLANTIC AVENUE
BROOKLYN NEW YORK 11201

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name WARDEN STEPHEN WETTENSTEIN Shield # N/A
Where Currently Employed CITY OF NEW YORK
Address 16-00 HAZEN STREET
EAST ELMHURST, NEW YORK 11370

Defendant No. 2

Name CORRECTION OFFICER MURDOCH Shield #
Where Currently Employed CITY OF NEW YORK
Address 275 ATLANTIC AVENUE
BROOKLYN NEW YORK 11201

Defendant No. 3

Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 4

Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5

Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? _____

BROOKLYN DETENTION COMPLEX

B. Where in the institution did the events giving rise to your claim(s) occur? _____

FACILITY MEDICAL UNIT

C. What date and approximate time did the events giving rise to your claim(s) occur? _____

BEGINNING ON SEPT 21ST 2012 @ 6³⁰ pm

D. Facts: ON SEVERAL DAYS, BEGINNING ON SEPT 21ST 2012, I WAS NOT GIVEN MY MEDICATION AS INSTRUCTED BY A PHYSICIAN DUE TO THE ACT OF MACFEASENCE BY OFFICER MURDOCK IN THE ~~INMATE~~ MEDICAL AREA. THE OFFICER PURPOSFULLY AND MALICIOUSLY DENIED MY ACCESS TO MEDICATION BY EITHER REMOVING MY NAME FROM THE MEDICAL CALLOUT LIST OR SIMPLY IGNORING MY NAME AS IT WAS TO HAVE BEEN LISTED. OFFICER MURDOCK MADE THREATENING STATEMENTS INDICATING SHE WOULD DENY ME ACCESS TO MEDICAL CARE. THESE STATEMENTS WERE MADE 9/21/12 MEDICAL ADMINISTRATIVE STAFF WAS MADE AWARE OF THE ISSUE THOUGH IT CONTINUED FOR SEVERAL DAYS AFTER THEIR INVOLVEMENT.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

SEVERAL INMATES WHO WERE IN THE CLINIC ON SEPT 21ST 2012 WERE WITNESS TO OFFICER MURDOCK'S THREATENING COMMENTS ALLUDING TO MY NOT BEING CALLED FOR MEDICATION. SEVERAL CORRECTIONS OFFICER'S STATIONED IN THE MEDICAL UNIT ON THE 3-11 SHIFT WERE ALSO WITNESS WITHIN FEARS OF THE OFFICER'S COMMENTS - AS WERE CIVILIAN MEDICAL STAFFERS.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. AS A RESULT OF INCIDENT, I HAVE BLURRED VISION, CHRONIC HEADACHES, INTERMITTENT CHEST PAIN, SHORTNESS OF BREATH, HOT AND COLD FLASHES, LOW BLOOD COUNT, CHRONIC ANXIETY, NERVOUSNESS, PERIODS OF DEPRESSION AND FEELINGS OF DESPAIR. I HAVE BEGUN TO RECEIVING MY MEDICATION AT A SPECIFIC TIME DAILY. HOWEVER, TO DATE, THERE HAVE BEEN INSTANCE WHERE I WAS STILL NOT ALLOWED ACCESS AT THE APPROPRIATE WINDOW OF TIME. I DID RECEIVE A CURSORY PHYSICAL EXAM FROM AN ALLEGED OUTSIDE HEALTH PROFESSIONAL.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

BROOKLYN DETENTION CENTER

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

BROOKLYN DETENTION CENTER

1. Which claim(s) in this complaint did you grieve? FAILURE TO HAVE ACCESS TO MEDICAL CARE; UNPROFESSIONAL BEHAVIOR BY CORRECTIONS OFFICERS
2. What was the result, if any? TO DATE, NO OFFICIAL RESPONSE WAS PROVIDED AS A RESULT OF MY GRIEVANCE. NO HEARING WAS HELD
3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

NOT APPLICABLE, AS MY GRIEVANCE HAS NOT BEEN HEARD FOR NEARLY A MONTH DESPITE PLANNING AND REQUESTING THE GRIEVANCE HEARING ON MORE THAN ONE OCCASION

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

SUBMITTED DETAILED CORRESPONDENCE TO STATE ATTORNEY GENERAL'S OFFICE ON OCTOBER 12TH REQUESTING OFFICIAL ACTION REGARDING INCIDENT. HAVE NOT RECEIVED ANY RESPONSE FROM THE FACILITY LEVEL SINCE GRIEVANCE WAS FILED.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

- ① FORMALLY REPRIMAND OFFICER WHO IS RESPONSIBLE FOR INCIDENT
- ② PUT FORTH STRONGEST GUIDELINES AS TO ACCESS TO MEDICAL CARE
- ③ ENFORCE SAME GUIDELINES - STRICTLY AND REGULARLY MONITORING SAME
- ④ DIRECT CORRECTIONAL AND CIVILIAN STAFF TO ABSTAIN FROM ANY RETALIATORY MEASURES AS A RESULT OF THIS SUIT
- ⑤ AWARD PUNITIVE DAMAGES IN THE AMOUNT OF \$250,000.00 (TWO HUNDRED AND FIFTY THOUSAND DOLLARS) AS PLAINTIFF HAS SUFFERED IRREPARABLE PHYSICAL AND MENTAL HARM AS A RESULT OF THIS DELIBERATE ACT OF MALFEASANCE. (LOW BLOOD COUNT - HEADACHES, BLURRED VISION - SHORTNESS OF BREATH, ETC.)
- ⑥ DIRECT FACILITY ADMINISTRATION TO FULLY AND THOROUGHLY INVESTIGATE ALL GRIEVANCES IN A TIMELY AND EFFECTIVE MANNER.

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of _____, 20____.

Signature of Plaintiff _____
Inmate Number _____
Institution Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this ____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

On May 29th 2013, I sprained my thumb on my right hand while working in the Commissary area in the Brooklyn Detention facility. The next day I could not move my thumb. I felt a consistent twitching in my thumb that would not stop. I went to "sick call" to have my thumb looked at. I was seen by Dr. Shpits, given painkillers and I was sent back to my housing unit.

On May 30, 2013, I went to sick call again and the doctor checked my right thumb and gave me an ACE bandage and advised me to take Tylenol for the pain. The doctor scheduled an appointment for me to see the hand specialist on July 11th 2013. But due to my late arrival to West facility, the hand specialist was already gone for the day.

I returned to the facility and was never rescheduled for another appointment for the hand specialist. I decided to go to the Grievance office to report that I was never rescheduled for an appointment to see the hand specialist. The Grievance Coordinator assisted me in getting a new appointment with the hand specialist for July 18th.

I made it to this appointment in a timely fashion and the medical term for my diagnosis is on the attached sheet. The specialist placed a splint over my thumb and wrist to wear for 30 days and then he would reevaluate my hand to see if it was any better or worse.

To date, I have not had a follow up visit with the clinic since my return from West facility on July 18th nor have I received any pain medication. This is not the first time Dr. Shpits has misdiagnosed me and I would also like to talk to you about those.

Ruben Rivers

141-12-10101



Correctional Health Services

Insurance: Self Pay

RIVERS, RUBEN

NYSID: 05611301J BookCase: 1411210101
Facility Code: OBCC Housing Area: 2S
57 Y old Male, DOB: 07/05/1956
1646 UNION ST, 1A, 1A, BKN, NY-11213
Home: 000-000-0000

Appointment Facility: West Facility

08/15/2013

Appointment Provider: Kenneth Rose, MD

Current Medications

Atazanavir Sulfate 300 MG Capsule 1 cap Daily, stop date 11/05/2013
Epzicom 600-300 MG Tablet 1 tab Daily, stop date 11/05/2013
Ritonavir 100 mg Tablet 1 tab Daily, stop date 11/05/2013
Tenofovir Disoproxil Fumarate 300 MG Tablet 1 tab Daily, stop date 11/05/2013
Multiple Vitamin 1 tab Tablet 1 tab Daily, stop date 11/05/2013
Miconazole Nitrate 2 % Cream apply Twice a Day, stop date 10/07/2013
Clotrimazole 1 % Solution apply Twice a Day, stop date 10/07/2013
Sarna 0.5-0.5 % Lotion apply Twice a Day, stop date 10/07/2013
Zithromax 250 MG Tablet 2 tablets on the first day, then 1 tablet daily for 4 days Once a day, stop date 08/17/2013
Guaifenesin 200 MG Tablet 1 tablet as needed Twice a Day, stop date 08/19/2013
Saline Nasal Spray 0.65 % Solution 2 drops in each nostril as needed Twice a Day, stop date 08/17/2013
Ibuprofen 400 MG Tablet 1 tablet Twice a Day, stop date 08/17/2013

Past Medical History

HIV
Dry eye syndrome

Allergies

onions: stomach upset
ketchup, tomato sauce : stomach upset
Penicillin: hives

Reason for Appointment

1. Specialty Clinic Hand Clinic
2. f/u for left DeQuarvain's tenosynovitis. Patient says his pain is improving

Examination

General Examination:

As above, right thumb pain improving.

Assessments

patient to continue program of splinting.

Treatment

1. Others

Start Ibuprofen Tablet, 400 MG, 2 caps, Orally, Every 12 Hours, 15 days
continue splint and recommended.

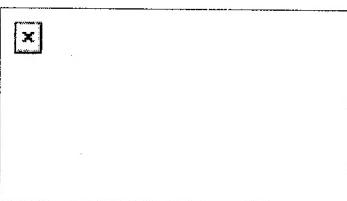
Follow Up

2 Months

Addendum:

08/15/2013 09:26 AM Rose, Kenneth > Please allow patient to wear right thumb splint and ace bandage

Appointment Provider: Kenneth Rose, MD





New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-M

Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within *1 year and 90 days of the occurrence*, you must start legal action to preserve your rights.

TYPE OR PRINT

* I am filing: On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information:

Last Name:

First Name:

Relationship to
the claimant:

Rivers
Ruben
Self

Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

Claimant Information

*Last Name:

Rivers
Ruben
Brooklyn Detention Complex
275 Atlantic Avenue
Brooklyn
New York

*First Name:

USA	
7/3/1956	Format: MM/DD/YYYY
068 48 8915	

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

Email Address:

Occupation:

City Employee?

Yes No NA

Gender

Male Female Other



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

*Date of Incident: 05/29/2013 Format: MM/DD/YYYY
Time of Incident: 09:45 AM Format: HH:MM AM/PM

*Location of
Incident:

While working
in Commissary
Area in facility

Address:
Address 2:
City:
State:
Borough:

Brooklyn Detention Complex
275 Atlantic Avenue
Brooklyn
New York
Brooklyn

*Manner in which
claim arose:

Attach extra sheet(s)
if more room is
needed.

On May 29th, 2013, I sprained my thumb on my right hand while working in the Commissary area in the detention facility. The next day, I could not move my thumb. I felt a consistent twitching in my thumb that would not stop. I went to the medical clinic ("sick call") to have my thumb looked at. I was seen by the doctor and given pain killers. On the same evening, I went to clinic due to the nonstop twitching, but I was not seen by the doctor.

The items of
damage or injuries
claimed are (include
dollar amounts):

Attach extra sheet(s)
if more room is
needed.

Thumb on right hand.



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information

1st Treatment Date:

05/29/2013

Format: MM/DD/YYYY

Hospital/Name:

Clinic in Brooklyn Detention Complex

275 Atlantic Avenue

Address:

Address 2:

City:

State:

Zip Code:

Date Treated in

Emergency Room:

Brooklyn

New York

11201

N/A

Format: MM/DD/YYYY

Was claimant taken to hospital by an ambulance?

Yes No NA

Employment Information (If claiming lost wages)

Employer's Name:

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned
Weekly:

Treating Physician Information

Last Name:

Shpits

First Name:

Iosif

Address:

Brooklyn Detention Complex

Address 2:

275 Atlantic Avenue

City:

Brooklyn

State:

New York

Zip Code:

11201



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name:

None

First Name:

Address

Address 2:

City:

State:

Zip Code:

Witness 4 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Witness 2 Information

Last Name:

None

First Name:

Address

Address 2:

City:

State:

Zip Code:

Witness 5 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Witness 3 Information

Last Name:

None

First Name:

Address

Address 2:

City:

State:

Zip Code:

Witness 6 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

Non-City vehicle driver

Last Name:
First Name:
Address
Address 2:
City:
State:
Zip Code:

Insurance Information

Insurance Company
Name:
Address
Address 2:
City:
State:
Zip Code:
Policy #:
Phone #:

**Description of
claimant:**

- Driver Passenger
 Pedestrian Bicyclist
 Motorcyclist Other

Non-City vehicle information

Make, Model, Year
of Vehicle:
Plate #:
VIN #:

N/A

City vehicle information

Plate #:

N/A

City Driver Last
Name:
City Driver First
Name:

N/A

*Total Amount
Claimed:

Format: Do not include "\$" or ",".

July
Date

R

Signature of Claimant

State of New York

County of Kings

I, RUBEN RIVERS,

being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Sworn before me this day _____

Signature of
Claimant R

Signature of notary _____

* Denotes required field(s).



CORRECTION DEPARTMENT

CITY OF NEW YORK



INMATE WITNESS STATEMENT

Form: 6500E
Rev. : 10/14/05
Ref. : Dir. #6500R-A

INFRACTION INFORMATION

Infraacted Inmate's Name:

Reuben Rivers

Infraction #:

Book & Case #:

NYSID #:

Institution: BkDC

The following is the statement of inmate witness

GLASGOW, RACL

B&C/NYSID #:

141-13-03812

Last Name, First Name

regarding the incident described in Infraction #

was made to me outside the presence of above referenced inmate.

I was a witness to the incident between Officer Marrow and detainee Reuben Rivers on 7-31-13. After the meal was over Rivers was at the gate inquiring about his meal. After a few requests the officer started to shout at him stating that she heard him. Rivers then stated to her to do her job. Marrow then called him a faggot and that he sucks dick. This lead to an argument between the two of them. All the while the food tray was sitting on the gate. At some point in the argument Rivers bumped into the tray and the tray fell on the floor. Officer Marrow had walked away to her desk before this. Officer Davis was standing in range when the tray fell. No one was hit or injured. Detainee Rivers is very soft spoken and respectful to everyone around him. This incident was aggravated by the officers gay bashing comments and Rivers did the right thing by standing up for himself. Marrow was embarrassed when the entire C+B side started applauding for Rivers. When she brought the captain (Davis) she stated to me "Why y'all not clapping now?!" Rivers decided to not lodge a complaint against the officer because he thought the situation was resolved. Marrow is being petty and vindictive.

Inmate Witness' Signature: RJ Slesser

Facility Hearing Officer's Signature: _____

Facility Hearing Officer's Name, Title & Shield # (print): _____

Date: _____

Inmate Ruben Rivers 141-12-10101

On December 9, 2012 at 8:11pm, I was called down to medical for my evening medication. Nurse Campbell passed me my four pills when I looked into the cup before taking the medication I saw that one of pills was not one that I have been taking. I showed the pill to Nurse Campbell, and then she had me put the pill into another cup. After that, she walked to the back of the clinic with the cup. She asked C.O. Murdoch to buzz her in the gate. I waited about five minutes, Nurse Campbell come out from behind the gate with a new pill for me. And she said to me "It's good you caught that, you saved the day." Then, I took my medication.

If I had not seen the incompetence of Nurse Campbell, I may have died. I would like to have this complaint added to my medical history here at the Department of Correction. I am going to send a copy of this complaint to my lawyer. This is the second time I have had a problem regarding my medication. I am supposed to feel confident that the nursing staff at the Department of Correction is professional enough to administer my medication to me in a safe and professional manner at all times. This was a very big mistake on their part and I hope it will not happen again.

Let us not forget you are dealing with people's lives when giving medication and we put our trust in you to do that.



Sworn to before me this
14th of December, 2012



S. Gressom

Commissioner of Deeds

City of New York 2-13098

Certification in Kings County

Commission Expires on: May 1, 2013

In the Matter of Claim of

RUBEN RIVERS J.

CITY OF NEW YORK
NYC DEPT. OF CORRECTIONS
BROOKLYN DETENTION CENTER
WARDEN BKDC
C.O. MURDOCK - 3-11 PM MEDICAL UNIT

NOTICE OF CLAIM

TO:

City of New York
Office of Comptroller
1 Centre Street
Municipal Building
New York, New York 10007

PLEASE TAKE NOTICE that the Claimant makes claim and demand against the City of New York. undersigned claimant(s) hereby make(s) claim and demand against you as follows:

1. The name and post office address of each claimant and claimant's attorney is:

MR. RUBEN RIVERS - PRO - SE
275 ATLANTIC AVE.
BKLYN. NY 11201

2. The nature of the claim:

DENIAL OF ACCESS TO MEDICAL CARE

3. The time when, the place where and the manner in which the claim arose:

SEPT. 21ST 2012 → SEPT. 28TH 2012

4. The item's of damage or injuries claimed are (do not state dollar amounts)

COMPROMISE OF OVERALL MEDICAL HEALTH DUE
TO DENIAL OF ACCESS TO MEDICAL CARE.

The undersigned presents this claim and demands a reasonable amount to compensate claimant for his injuries for adjustment and payment, and notifies you that unless the same is adjusted and paid within the provided by law from the date of its presentment to you, it is the intention of the undersigned to commence an action thereon.

Dated:

VERIFICATION

State of New York }
County of _____ }

I, _____, am the Claimant in the above entitled action. I have read this notice of claim and know the contents to be true.

*False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law.

Sworn to before me this
11 day of October 2012

NOTARY PUBLIC

ANTONIO MIGUEL FRAZIER
COMMISSIONER OF DEEDS
No. 2-13375
Qualified in Queens County
Commission Expires July 1 2014

४८

**OFFICE OF THE COMPTROLLER
THE CITY OF NEW YORK
1 CENTRE ST., NEW YORK, N.Y. 10007-2341**

THE CITY OF NEW YORK
1 CENTRE ST., NEW YORK, N.Y. 10007-2341

FIRST CLASS
18 OCT 2012
UNITED STATES POSTAGE
PITNEY BOWES

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0004226141 OCT 18 2012

MAILED FROM ZIP CODE 10007

A simple, handwritten signature enclosed in a circle.

101012141.

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DEAR CONCERNED PARTY,

ATTACHED HERETO ARE COPIES OF CORRESPONDENCES REGARDING A GRIEVANCE RELATED TO ACCESS TO MEDICAL CARE WHILE BEING DETAINED AT THE BROOKLYN DETENTION CENTER.

TO DATE, MY GRIEVANCE COMPLAINT HAS NOT BEEN ADDRESSED FORMALLY. IN FACT, THE GRIEVANCE DEPARTMENT HERE HAS ATTEMPTED TO "SWEEP" MY COMPLAINT UNDER THE RUG BY INSTANCING ME TO RE-FILE THE GRIEVANCE ON A NEW FORM INDICATING THE ORIGINAL DATE OF THE INCIDENT. HOWEVER, WHEN I ATTEMPTED TO DO SO, THE FILING WAS REJECTED AS BEING PAST THE 10 BUSINESS DAYS OF THE INCIDENT. IT SHOULD BE NOTED THAT THE "NEW" GRIEVANCE FORM WAS INTRODUCED AFTER MY ~~INITIAL~~ INITIAL GRIEVANCE WAS FILED.

TO SUMMARIZE MY COMPLAINT, A CORRECTIONS OFFICER HERE EFFECTIVELY AND PURPOSEFULLY DENIED ME ACCESS TO MY CRITICAL MEDICAL CARE. I HAVE MADE SEVERAL ATTEMPTS TO HAVE DISCUSSIONS WITH SENIOR STAFF TO DISCUSS THE MATTER, TO NO AVAIL.

I THOUGHT THE

DEAR CONCERNED PARTY

AS MY RETURN ADDRESS CLEARLY INDICATES, I AM A DETAINEE AT THE BRYAN DETENTION CENTER IN NEW YORK CITY. I AM CONTACTING YOUR OFFICE REGARDING A VERY SERIOUS MATTER THAT HAS BECOME ALMOST COMMON-PLACE AT THIS FACILITY.

I MUST STATE HERE THAT I AM NOT IN THE HABIT OF MAKING UNNECESSARY WAVES, NOR SEEKING UNWARRANTED ATTENTION. I AM MERELY ANGRY AND FRUSTRATED AT THE CALLOUS, CAVALIER AND UNPROFESSIONAL EXHIBITED WITH REGARD TO ACCESS OF MEDICAL TREATMENT. AND NOW THAT MY OWN HEALTH HAS BEEN IRRREVOCABLY COMPROMISED AS A RESULT, I MUST SPEAK OUT.

ATTACHED HERETO IS A FACILITY GREVIANCO I SUBMITTED IN LATE SEPTEMBER REGARDING ACCESS TO MY CRITICAL MEDICAL TREATMENT AT THIS FACILITY. WITHOUT LAPING INTO REDUNDANCY AS THE GREVIANCO IS QUITE DETAILED, ALLOW ME TO SUMMARIZE BY STATING THAT I HAVE BEEN SUBJECT TO A DELIBERATE AND CONSCIOUS ACT OF MALFEASANCE AT THE HANDS OF A CORRECTIONAL STAFF MEMBER. YET DESPITE THIS ACT, THAT HAS SERIOUSLY COMPROMISED MY OVERALL HEALTH, THE AFOREMENTIONED STAFF MEMBER CONTINUES TO CO-ORDINATE AND MONITOR DETAINEES IN THE MEDICAL AREA.

UNOFFICIALLY, THE FACILITY HAS ATTEMPTED TO ADDRESS THE RAMIFICATIONS OF DENYING ME ACCESS TO MEDICAL ATTENTION BY SCHEDULING MY MEDICATION AT A LATER TIME. THE MEDICAL DIRECTOR HAS LIKEWISE HAD ME EXAMINED BY AN OUTSIDE [REDACTED] HEALTH CARE PROFESSIONAL TO ASSESS ANY COMPLICATIONS RESULTING FROM THE INCIDENTS IN QUESTION. IN THESE REGARDS THE MEDICAL UNIT HAS REACTED PROFESSIONALLY AND DILIGENTLY AND I APPRECIATE THEIR EFFORTS.

THEIR REACTION TO THE ~~INITIAL~~ ACTION OF THE

CORRECTIONS OFFICER WHO SO BLATANTLY DISREGARDED MY MEDICAL CONDITION, IS JUST THAT: REACTION. AND AS SUCH, DOES NOT REMEDY THE FACT THAT MY HEALTH WAS THREATENED ~~AS~~ AS A RESULT.

FURTHER, THOUGH I HAVE DISCUSSED THE MATTER WITH THE DIRECTOR OF THE MEDICAL UNIT HERE, I HAVE NOT HAD THE OPPORTUNITY TO DISCUSS MY CONCERNs WITH ANYONE FROM THE CORRECTIONAL ARM. AND CLEARLY, THE CIVILIAN MEDICAL STAFF HAS NO AUTHORITY OVER CORRECTIONAL SECURITY CONCERNs.

AS THESE ARE THE FACTS AS I HAVE PRESENTED THEM, I AM RESPECTFULLY REQUESTING AN IMMEDIATE INVESTIGATION INTO THIS MATTER. YOU SHOULD BE MADE AWARE THAT THOUGH CONDITIONS HAVE MODERATELY IMPROVED HERE, I AM FEARFUL THAT THE LACK OF OFFICIAL CORRECTIVE ACTION MAY RESULT IN THE REPEAT OF SUCH UNPROFESSIONAL BEHAVIOR.

I THANK YOU IN ADVANCE FOR YOUR CONCERN AND ATTENTION AND HOPE TO HEAR FROM YOUR OFFICE IN AN EXPEDITIOUS MANNER.

RESPECTFULLY,

MR. RUBEN RIVERS

Antonio M Frazier
ANTONIO MIGUEL FRAZIER
COMMISSIONER OF DEEDS
No. 2-13375
Qualified in Queens County
Commission Expires July 1 2014
10/6/12



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF REGIONAL OFFICES
BROOKLYN REGIONAL OFFICE

October 12, 2012

Ruben Rivers 141-12-10101
BKDC 275 Atlantic Avenue
Brooklyn, NY 11201

Our File Number: 2012 -**1042654**
Company: Correctional Facility

Dear Ruben Rivers 141-12-10101:

On behalf of Attorney General Eric T. Schneiderman, I am writing to notify you that we have received your correspondence.

We appreciate your alerting us to this matter. We believe the organization shown below may be able to assist you and we are forwarding your correspondence there.

If you do not receive a response in the near future, please follow up directly with that organization. I suggest you attach a copy of this letter or, if appropriate, mention that you are adding new information.

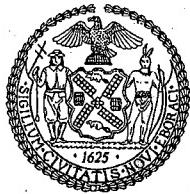
Thank you for writing to our office. We will keep your correspondence on file for future reference.

Very truly yours,

James Sfiroudis

James Sfiroudis
Bureau of Consumer Frauds
and Protection

cc: NYS Department of Correctional Services
Building 2 State Campus
Albany, NY 12226



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

Michael Aaronson
Chief, Bureau of Law and
Adjustment

015 - 151

John C. Liu
COMPTROLLER

Date: 10/17/2012
Claim No: 2012PI026331
RE: Acknowledgment of Claim

RUBEN RIVERS
275 ATLANTIC AVENUE
BROOKLYN, NY 11201

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,
Michael Aaronson

ATTORNEY
COMMUNICATION

Date: 10/17/2012
Claim no: 2012PI026331
Claimant: RUBEN RIVERS

RUBEN RIVERS
275 ATLANTIC AVENUE
BROOKLYN, NY 11201 -

Dear RUBEN RIVERS:

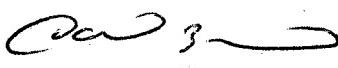
This office is in receipt of your inquiry regarding your claim. In order to assist us in evaluating the claim, please provide the following:

- Copies of hospital and doctor records indicating a diagnosis
- Photos of the defect and area where you allegedly fell
- Copies of bills and proof of payment to medical providers
- Copies of your pay stubs & proof of lost wages from your employer
- Your social security number 0 6 8 - 4 8 - 8 9 1 5
- Your date of birth 0 7 / 0 5 / 1 9 5 6
- Other: Inmate FD -

If you have any questions, please contact me at (212) 669-4765

Please be advised that if we are unable to reach a settlement you must begin a lawsuit within one year and ninety days of the occurrence in order to preserve your rights under the law.

Sincerely,


for

CHARLES CASTALDO
-- EXAMINER --

MAILED OUT 11/24/02

GRIEVANT'S STATEMENT FORM

FACILITY: BKDC

GRIEVANCE # _____

GRIEVANT'S NAME: RUBEN RIVERS I.D # 141-12-10101

CATEGORY HOUSING AREA HOUSING AREA 9A DATE 10/2/2012

All grievances must be submitted within 10 business days of incident and should be handwritten by the grievant only. This sheet should be used, as a worksheet from which the grievance is typed onto the "Inmate Grievance Form" and remains filed in the grievant's folder.

Grievance: REGARDING AN INCIDENT IN THE MEDICAL UNIT ON 9/26/12, I SUBMITTED A GRIEVANCE COMPLAINT THAT HAS THUS FAR NOT BEEN FORMALLY ADDRESSED. OF MAJOR CONCERN IS THE FACT THAT I WAS PREVIOUSLY DENIED MEDICATION BY NOT BEING CALLED TO THE CLINIC. FURTHER, IN ADDITION TO NOT RECEIVING MEDICATION ON 9-22-02 / 9-23-02 / 9-24-02 / AND 9-25-02, I WAS NOT GIVEN MEDICATION AGAIN ON 9-26-02, TOTALLING 5 DAYS WHILE MY NECESSARY AND CRITICAL MEDICATION WAS WITHHELD. I DID SPEAK INFORMALLY TO MS. BENNETT IN THE MEDICAL UNIT, YET I HAVE NOT SPOKEN TO A CAPTAIN NOR SENIOR CLINICAL DIRECTOR REGARDING THIS CRUCIAL MATTER.

Action Requested: ① TO HANIE MY INITIAL GRIEVANCE THOROUGHLY
INVESTIGATED. ② TO SPEAK DIRECTLY TO A SUPERVISORY CORRECTIONS OR MEDICAL
STAFF MEMBER TO NOT BE HARASSED OR OTHERWISE ADVERSELY TREATED (IN RETALIATION)
OF THIS OR THE INITIAL GRIEVANCE.

Have you filed this grievance with any other Agency or Court? Yes No

Have you filed this grievance with the Inspector General's Office? Yes No - NOT AT THIS TIME

Grievant agrees to have his/her statement edited for clarification by IGRC staff. - NO

I am requesting that the IGRC staff write the grievance for me. - NO

10/2/2012
Date

Grievants Signature

Antonio M. Frazier

Witnessed By

ANTONIO MIGUEL FRAZIER
COMMISSIONER OF DEEDS
No. 2-13375
Qualified in Queens County
Commission Expires July 1, 2014

10/6/12

RUBEN RIVERS 141-12-10101

QA -

9/26/12

GRIEVANCE:

ON 9/21/12, THE OFFICER ASSIGNED TO THE MEDICAL CLINIC ON THE 2ND TOUR, C.O. MURDOCH, AND I HAD A VERBAL DISPUTE WHICH RESULTED IN ME NOT RECEIVING MY MEDICATION AS INSTRUCTED BY THE DOCTOR, FOR OVER 3 DAYS.

ON 9/21/12, I HAD BEEN WAITING IN THE HOLDING AREA FOR OVER 45 MINUTES, DESPITE BEING AMONG THE FIRST INDIVIDUALS BROUGHT DOWN WHEN I INQUIRED OF THE OFFICER (C.O. MURDOCH) AS TO WHY I WAS WAITING, WHEN ABOUT 12 PEOPLE WHO HAD ARRIVED AFTER ME HAD BEEN CALLED, I WAS TOLD "JUST WAIT!"

BEING FRUSTRATED AT THE LONG WAIT, UNPROFESSIONAL ATTITUDE AND UNWILLINGNESS TO ANSWER SIMPLE INQUIRIES, I INDICATED THAT I WANTED TO RETURN TO MY HOUSING AREA ON THE NEXT "GO-BACK." OFFICER MURDOCH RESPONDED IN A VERY AGGRESSIVE TONE "YOU AREN'T GOING NOWHERE UNTIL YOU SIGN A REFUSAL FORM!" I PROCEEDED TO ENTER THE MEDICAL AREA TO SIGN THE REFUSAL, WHEREUPON A MEMBER OF THE CIVILIAN MEDICAL STAFF ADVISED ME TO IGNORE THE OFFICER'S UNPROFESSIONAL ATTITUDE AND TO MERELY RECEIVE MY MEDICATION- WHICH I DID.

WHILE IN THE MEDICAL AREA AWAITING THE ESCORT OFFICER, I WAS FURTHER SUBJECTED TO OFFICER MURDOCH'S CONTINUED REMARKS. AMONG THEM:

(RJD)

"I DON'T KNOW WHO ~~YOU ARE~~ YOU THINK YOU ARE!"

"I KNOW JUST HOW TO DEAL WITH YOU ~~YOU~~!"

"DON'T BE TALKING TO STAFF WITH NO ATTITUDE!"

"SAY PLEASE WHEN YOU ASK FOR SOMETHING IN HERE!"

"I DON'T HAVE TO ANSWER QUESTIONS FROM YOU!"

I ATTEMPTED TO IGNORE THE COMMENTS FOR AS LONG AS I COULD. I FINALLY RESPONDED BY SAYING:

"I THOUGHT YOUR JOB HERE WAS TO SECURE AND MONITOR THE AREA. I REALLY DON'T THINK WITH YOUR UNPROFESSIONAL ATTITUDE, YOU ARE IN A POSITION TO TEACH GROWN MEN MANNERS OR TO 'DEAL' WITH THEM AT ALL. YOU COULD USE SOME TRAINING IN SOME AREAS."

MY COMMENT INCENSED THE OFFICER FURTHER. TO WHICH SHE RESPONDED THAT I WAS "JUST AN INMATE" AND I COULD NOT TELL HER WHAT HER JOB WAS OR HOW TO ACT. SHE MADE BUGGER COMMENTS UNTIL I WAS PREPARED TO LEAVE THE AREA. AS I WAS ABOUT TO BOARD THE ELEVATOR, SHE SHOUTED OUT:

"FROM NOW ON MR. RIVERS, I WILL MAKE SURE YOU WON'T BE CALLED DOWN WITH THE DIABETICS - ESPECIALLY WHEN I'M HERE!"

I RESPONDED BY SAYING THAT I DID NOT KNOW WHY SHE WAS BEING SO NEGATIVE TOWARDS ME AND THAT SHE SHOULD NOT BE "SCRWING AROUND" WITH "PEOPLE'S MEDICATION." HER LAST COMMENT WAS "WATCH ME," AS THE ELEVATOR DOOR CLOSED. I RETURNED TO MY HOUSING AREA WHERE I WAS INFORMED THAT ALL THE FOOD HAD BEEN DISPENSED AND THAT I WOULD HAVE TO EAT COLD CEREAL INSTEAD.

(RD)

FUELEN RIVERS 141-12-10101

QA-

9/26/12

GRIEVANCE CONTINUED:

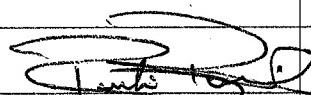
THE FOLLOWING DAY, 9/22/12, I WAS NOT CALLED DOWN TO THE MEDICAL UNIT AND DID NOT RECEIVE MY MEDICATION. ON 9/23/12, AGAIN I WAS NOT CALLED DOWN TO THE MEDICAL UNIT. HOWEVER, AFTER EXPLAINING TO THE 9TH FLOOR HOUSING OFFICER THAT I HAD NOT RECEIVED MY MEDICATION THE PREVIOUS DAY, THE CLINIC WAS CALLED. I WAS BROUGHT DOWN AT 8pm AND GIVEN MEDICATION. ON 9/24/12 AND 9/25/12, I WAS AGAIN NOT CALLED TO THE CLINIC FOR MEDICATION. I WAS TOLD BY THE HOUSING OFFICERS THAT THE CLINIC OFFICER DID NOT HAVE MY NAME ON THE LIST TO BE CALLED. I WAS ADVISED TO GO TO SICK CALL IN THE MORNING.

ON 9/26/12, I WAS CALLED IN THE LATE MORNING TO THE CLINIC FOR BLOODWORK. I MADE THE MEDICAL DIRECTOR, MS. COLLINS AWARE OF THE FACT THAT I HAD NOT BEEN BROUGHT TO THE MEDICAL UNIT FOR TWO DAYS AND I WAS FEELING LIGHT-HEAD, DIZZY, WEAK AND MY VISION WAS BLURRY. I WAS TOLD THAT THE TWO DAY GAP IN MY MEDICATION DOSAGE COULD VERY SERIOUSLY IMPACT MY OVERALL HEALTH. I WAS FURTHER TOLD THAT THE DIRECTOR WOULD INVESTIGATE THE PROBLEM.

ACTION REQUESTED

- (1) THAT OFFICER MURDOCH RECEIVE INTER-PERSONAL TRAINING 

- ② THAT OFFICER MURDOCH BE REMOVED FROM THE MEDICAL AREA UNTIL INTER-PERSONAL TRAINING IS COMPLETED.
- ③ THAT OFFICER MURDOCH NOT BE ALLOWED TO ACT OR ^{TO ACT} INFLUENCE CO-WORKERS TOWARD ME IN ANY FURTHER RETALIATORY MANNER.
- ④ THAT I BE GIVEN MY MEDICATION, DAILY AS INDICATED BY THE DOCTOR.
- ⑤ THAT MY MEDICATION BE DISPENSED TO ME IN A TIMELY MANNER THAT DOES NOT ADVERSELY AFFECT ME RECEIVING A HOT EVENING MEAL.
- ⑥ THAT I NOT BE SUBJECTED TO ANY RETALIATORY MEASURES BY ANY CORRECTIONS - OR CIVILIAN STAFF AS A RESULT OF THIS GRIEVANCE COMPLAINT



G-126-12